

August 1993

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Clinical Center News

CC staffers pick up honors

Clinical Center staffers were among those honored in recent ceremonies.

Jim Wilson, building services manager, received the HHS Secretary's Distinguished Volunteer Service Award and the PHS Volunteer Award for 30 years of service as a fire fighter in the Montgomery County Department of Fire and Rescue Service. He's currently deputy chief of the Kensington Fire Department, overseeing operation of four stations, 300 volunteers, and 85 career professionals.

Dr. Thomas L. Lewis, associate director for information systems, earned the PHS Meritorious Service Medal for contributions to medical information as applied to patient care and clinical research.

Receiving NIH Director's Awards were Thomas S. Reed, chief, Office of Human Resources Management, and John Slovikosky, financial resources officer, who shared a group award for leadership and innovations in managing the CC's FTE. James F. Rafferty, chief, respiratory care/physiological monitoring section, Critical Care Medicine Department, was honored for

(Continued on the back page)

Quick action cools temperatures during record-breaking heat wave

Last month's hot, humid weather melted area temperature records and cooked up a kettle of problems at the Clinical Center.

A transformer breakdown in a campus utility substation mid-afternoon July 5 crippled equipment that chills water for NIH air-conditioning systems, explains Jim Wilson, building services manager.

While repairs were underway, he says, "The chillers were operating at about 55 to 60 percent efficiency. With the temperature outside, that was nowhere near enough cooling power." Once repairs were finished, water was gradually re-cooled to avoid overloading the equipment. That meant several hours with no air conditioning, followed by several days of limited cool air.

Patient care and animal facilities received top priority for what cool air the sidelined chillers could provide, Wilson notes.

The transformer breakdown was repaired and power to the chillers restored by mid-morning on July 6, Wilson says, but relief wasn't immediate. "We had to refill the system and purge air pockets, build the chillers' pressure back up, and get the temperature of the water down." It was the next day—July 7—before

building 10 occupants noticed significant relief.

In the meantime, building occupants were asked to keep use of heat-producing equipment to a minimum.

Clinical Center staff rapidly mobilized to cope with the rising temperatures. More than 80 fans were purchased and dispatched to help keep the air moving, says Nancy Kelly, hospital administrative officer. "There is a mechanism for quick acquisition." It was a team effort that included assembling the fans as they arrived.

"Staff members were resourceful," says Nancy Hanna, nursing chief for allergy, arthritis, child health, eye, digestive, dental, diabetes, and deafness and other communication disorders services. "Staff began turning off unnecessary lights and equipment even before the announcement was made to do so. People dressed for the occasion. Patients and families were also cooperative and understood that the situation was being resolved."

Patients were uncomfortable, she adds, but they coped. "We had plans in place to relocate any patients who were compromised by the heat, but didn't have to do

(Continued on the back page)

Security group disbands, cites successes

The Security Task Force, which convened last October to address employee concerns about security and safety, has concluded its work. The group, working closely with NIH police, cited several achievements:

- Emergency phones** have been made fully operational, placed in additional locations based on employee input, and publicized to all staff.

- Additional police presence**, especially on nights and weekends, was made possible through authorization of overtime for NIH police officers.

- Garage security** was greatly improved through more complete placement and maintenance of emergency phones and TV monitors. Also, by reducing the number of areas in which evening employees park, better patrols were made possible with available police staffing.

- Locking entrances** at 6 p.m. and the Library entrance at 10

p.m. channeled building entry to doors that could be monitored more easily.

- Broken locks, doors, and security systems** in various departments were repaired or replaced. Maintenance was upgraded in these areas.

- NIH police staff** met with various departmental groups to improve mutual understanding and reasonable expectations of the role of the police.

- Employee awareness of security matters** was heightened through several stories in *CC News*.

- Escort services** were coordinated with later-running parking lot shuttles so that police would not be needed to drive employees until 9 p.m. Users of the escort service were polled and indicated no problems currently exist. (See box below.)

Survey reveals no complaints

All users of the evening/night NIH police escort service during May were given a short questionnaire asking about the particulars of their use of the service. From 105 trips that month (typical monthly volume), users returned four forms. All of these were positive and complimentary; there were no complaints and no suggestions for improvement. Typically, when people are surveyed about a service, those who have negative reactions are more apt to respond than those who are satisfied. The team thus concluded that as far as could be determined there is no systematic problem with the escort service. Users are reminded that the escort service is not available until 9 p.m. Before then, shuttle buses to parking lots are running.

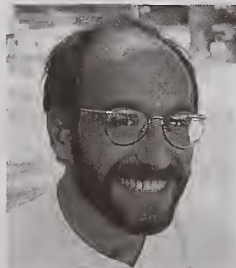
query

Heat records toppled as area residents sweated through July. How did you cope with the hot weather?



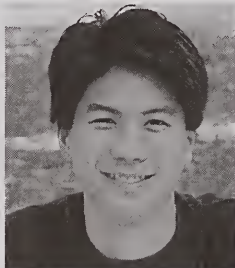
Sheryl Carvalho
NICHD

"Getting a lot more sodas. It's not as bad today."



Lorenzo Segoria
NEI

"It's not stopping us. We wear as few clothes as possible."



Bowdoin Su
NEI

"It's not that bad. If you get here early then it's not too bad."



Sarah Vazquez
Pharmacy Dept.

"I'm from Puerto Rico, so it's not so bad. I enjoy the outdoors and like to get fresh air."

CC News

Editor: Sara Rand Byars

Clinical Center News is published monthly by the Office of Clinical Center Communications, Colleen Henrichsen, chief, for employees of the Clinical Center, National Institutes of Health, Department of Health and Human Services.

News, article ideas, calendar events, letters, and photographs are encouraged and can be submitted to Bldg. 10, room 1C255, or by calling 496-2563. You may also contact your department's *CC News* liaison.

Deadline for submission is the second Monday of each month. If possible, submit your article on a Macintosh disk (Microsoft Word preferred).

Compiled by Dayle Stein

Training available on video

Particulate respirator masks help protect healthcare workers from tuberculosis. They work better than surgical masks because of a tighter facial seal and special filters. The National Institute of Occupational Safety and Health requires that all personnel who use these masks be taught how to do so correctly. For workers unable to attend one of the scheduled classes, the Clinical Center's epidemiology service has produced a training video. Call 496-2209 for details.

Classes on tap for September

The Education and Training Section will sponsor the following classes during September. Call 496-1618 to register.

- Enhancing Your Presentations with Audiovisuals**, Sept. 17, 9 a.m.-5 p.m., room 1N248;

- How to Manage Your Meetings**, Sept. 29, 9 a.m.-5 p.m., room 1N248; and

- Status of QT in the CC**, a QTRC Hosts Program, Sept. 1, 8:30-9:30 a.m., room 2C116; Sept. 8, noon-1 p.m., room 1C520; and Sept. 14, 3-4 p.m., room 2C310.

Zebras stampede

Dr. Robert G. Martin, NIDDK senior staff scientist, will read the play, "Stampede of Zebras," a work that combines the elements of sexual discrimination, racism, and scientific misconduct, Sept. 2, 11:30 a.m.-1:30 p.m., in Masur Auditorium. The program is sponsored by the Advisory Committee for Women through the Office of Equal Opportunity in

observance of Women's Equality Day.

Volunteers needed for NIDR study

The National Institute of Dental Research needs female volunteers over 30 years old for a study of normal salivary glands. Volunteers must be healthy and not taking any medication. The study will involve a minimum of four weekdays with two overnight stays at the Clinical Center.

Procedures include nuclear medicine tests, blood drawing, and urine collection. Volunteers will be paid. To learn more, call Alice at 496-4371.

Kovacs honored for clinical research

Dr. Joseph A. Kovacs, senior investigator, Critical Care Medicine, has been named Young Investigator of the Year for the eastern section of the American Federation for Clinical Research.

Reception honors DTM staffer retiring after 26 years at CC

The Department of Transfusion Medicine (DTM) will honor Anna E. Brown, who retires Aug. 31, with a reception on Aug. 20. Brown, a data program assistant, has been working at the Clinical Center for 26 years.

She participated in the CC's first clerk/typist training program. "It was a program designed to get people out of dead-end jobs," Brown said. That program led to position in the DTM, where she's worked for 19 years. They've been good years, Brown says. "There's something about the folks here. Maybe it's because of the service they provide, or because they work so closely with people. They have the knack of creating an atmosphere that this is one big family. I've seen many people come and go in the department and it's always been that way."

Catching up on her reading, travel, and volunteer work in her home community of Frederick are on Brown's retirement agenda. "The biggest thing," she adds, "is that I'm finally going to be a grandmother. I'm looking forward



Anna E. Brown retires from the Department of Transfusion Medicine this month.

to that."

Friends and co-workers are invited to stop by the DTM Conference Room 2:30-3:30 p.m. on Aug. 20 to say farewell to Brown. For more information, call 496-4506.

Marrow donor meets recipient, Oklahoma teen

Thanks to a gift from a stranger, 14-year-old Donald Collins of Atoka, Okla., has a second chance at life.

The gift was bone marrow, and the stranger is Eugene Boyd of Fort Washington, Md. Boyd chaired the 9th Annual Youth Recognition Awards Banquet sponsored by Concerned Black Men, Inc., (CBM) in June. That's where the two met "officially."

Members of CBM pledge to serve as role models for youth. However, when Boyd registered as a volunteer with the National Marrow Donor Program (NMDP) in 1991, it was an adult he hoped to help. That adult's name was Al Motlow, a local man with leukemia. Boyd was inspired by the fact that—though strangers—he and Motlow were both graduates of Howard University, members of Omega Psi Phi fraternity, and fathers of small daughters. He hoped that his marrow would match Motlow's.

For patients with leukemia, aplastic anemia, and other blood disorders, a marrow transplant is often the only chance for survival. If no donor match is found within the patient's family, an unrelated donor—a stranger—must be found. The odds are daunting.

Finding matching antigens, markers on blood cells that are part of one's genetic inheritance, is most likely among people of the same racial and ethnic background. Odds for African-American patients are poor since less than 5 percent of the more than 800,000 volunteers in the NMDP are African-American.

Boyd wasn't a match for Motlow. Motlow's still searching for a donor, and still recruiting



Eugene Boyd (center) is a marrow donor. His gift was the gift of life for 14-year-old Donald Collins. Collins and his mother, Janice, met Boyd for the first time at a recent banquet for the organization Concerned Black Men. Boyd's reason for becoming a marrow donor is simple: "I did it because it was the right thing to do." For patients with leukemia, aplastic anemia, and other blood disorders, a marrow transplant is often the only chance for survival.

African-American donors into the NMDP. However, volunteers are contacted if they match any of the patients searching for a donor. Soon after registering with the NMDP, Boyd was told he was a "first-stage" match for someone else.

After more testing and evaluations, Boyd learned he was a perfect match. The choice to continue or not was his to make.

Almost a year ago, Boyd chose to donate his marrow. He knew only that the recipient was a teenaged boy with leukemia, a boy he hoped one day to meet. This year Boyd chaired the annual CBM banquet. Concerned Black Men, Inc., invited Donald Collins—the recipient of Boyd's

marrow—and the teenager's mother to be honored guests at the banquet and for a weekend in Washington.

Boyd, member of an organization dedicated to encouraging and supporting youth, was also honored at that banquet. He gave the ultimate gift, the gift of life to a 14-year-old.

When asked why, Boyd's answer is simple: "I did it because it was the right thing to do."

For more information on becoming a marrow donor, contact the Marrow Donor Center at 496-0572.

—by Joy Demas

(Demas is donor resources coordinator for the NIH Marrow Donor Center)



Birthday bash

Jane Hall (right), chief, Surgical Services, took a turn at serving up cake during the Clinical Center's 40th anniversary celebrations. With her are Surgical Services staffers (from left) Zorah Andres, Brenda Merson, and Simone Guerami. More photos from the event are on the back page of this special section.

Those who work here shape CC's history, future

(Editor's note: The depth of experience of those who have come to make the Clinical Center their professional "home" over the years is extraordinary. Their collective stories offer insight into both the institution's history and its future.)



Bill Bryant, food service supervisor, says his years here have been productive ones.

Bill Bryant, food service supervisor, is an Army veteran. He served in a heavy artillery outfit in Germany with Elvis Presley. He was there when the Berlin Wall went up.

He speaks of being part of history, though, when he talks about coming to work here as a cook in 1963. "The nutrition department had been on a 10-year trial probation," he explains. "We served everybody. Then the decision was made to contract out food service for employees and visitors."

"Organized confusion," is how he describes the transition with a laugh. But there was a solid core of staff who formed a lasting and cohesive team.

"Most of those Edith Jones [the department's first director, who died last month] hired in the beginning stayed 30 years. I had been here for 25 years and was still at the bottom of the seniority list for vacations," he says. These have been productive years for Bryant. "NIH sent me to school and I have a degree in dietary management."

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Mary D. Thompson left a law career to go back to nursing. She found her place at the Clinical Center in the summer of 1954.

"[The patients] were the most generous, courageous people I've ever known," she says. With chronic, incurable illnesses they

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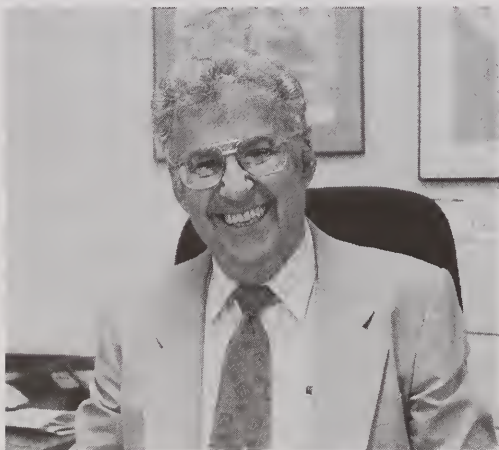
came to the Clinical Center with all the hope in the world that they could be helped."

There was what she describes as a friendly rivalry among nursing units. "Each unit was like a little hospital. They were very proud of the achievements. It was always challenging." And always, she adds, the hope that tomorrow would bring the answers investigators and care givers searched for.

The most significant change in the role of nurses, she says, has been the enhanced relationship between nursing and medical professionals as colleagues.

Thompson ended her CC career in 1982. She was deputy director of nursing when she retired. "It took me four years to go up Rockville Pike without wondering what's going on."

• • •



Caring and compassion are unflagging here, says Dr. Saul Rosen, CC acting director.

Dr. Saul Rosen, the Clinical Center's acting director, likes to tell new employees a few things—about the remarkable medical breakthroughs that have occurred here and about the uniqueness of CC patients. He also talks about the

striking value of each task performed here. "All work is good, and there is value to the work everyone performs." The sum of that work, those tasks, is the world's premier research hospital.

When Dr. Rosen came here as a clinical associate in 1958, the building's immenseness was both impressive and unnerving. "I am somewhat of a geographical idiot," he says with a laugh, "and this is a huge building." The caring and compassion of the medical, nursing, and ancillary staff, are equally impressive—and not at all disheartening, he adds.

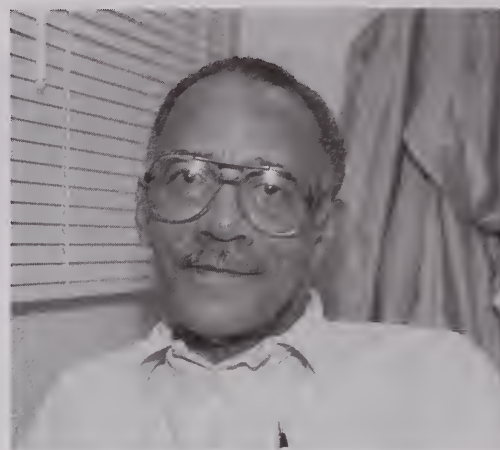
"Caring and compassion, those are always the common denominators. They are unflagging," he says. "What has changed is the increased specialization of roles."

That evolution has only enhanced the institution's reputation among patients and their families. "Overwhelmingly the comments are positive," he says. "Over the years, the steady notion is that this is a place where competent, compassionate care is delivered."

The design of that care is constantly being refined. "I am in awe over the remarkable rapidity with which results at the bench are translated into improvements at the bedside."

• • •

The first question job interviewers asked James Browne in 1957 was "can you stand the sight of blood?" He could. "The first day I was like a little kid," he recalls. "I had to put on OR greens, a cap, and shoes. I went straight to the OR and worked



A constant supply of challenge and reward have kept James Browne at the Clinical Center.

there for 16 years.

"I set up the heart-lung machine for all cases," he explains. "I did everything in the OR except scrub."

Through the years, Browne—now an audiovisual technician for the Nursing Department—remembers a constant parade of dignitaries in the CC lobby. "I've seen most of the presidents," he says. The CC was a more picturesque place in the early years, he believes. "The [former] lobby downstairs was very nice. You could wait for your bus. It came in front of the building. All you saw were trees when looking across campus."

What's kept Browne at the CC is the constant supply of challenge and reward. "I'm still here because people appreciate me and my work. We're like a family. I love what I'm doing. If that changes, I'm gone."

• • •

Some things never change at the Clinical Center. "The hustle and bustle," says Delphine Moeller, secretary to the chief of the Pharmacy Department, "that's the same as ever. So many young, bright, aspiring people work here.

To me they're happy people. It's been like that right along."

Moeller began her career at the Clinical Center in 1955 as a unit clerk in the allergy and infectious diseases unit. She moved to the pharmacy in 1960.

"It was smaller then and I got to know more people," she says. "Eleven-East hadn't opened yet and 11-West had an iron lung for polio patients.

"Nurses wore their caps and their white uniforms," she says. The lobby was paneled in marble, and willow oaks and white azaleas flourished on the CC grounds.

There was a spirit of camaraderie in the CC family, too. Units put together basketball and badminton teams, arranged birthday parties, and celebrated the holidays together.

"We got to know all the chiefs," she says. "When there was an incident, Dr. Masur and all the chiefs would come to check."

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Medical supply technician Ruby Riley says she "just fell in love with the place."

The CC's vastness was unnerving to Ruby Riley when she first joined the housekeeping staff in 1954. "I'd never been here before," she explains, "and I got a cab. He charged me a fortune."

Her dedication to both the staff and the patients has kept her here, though. "People are very friendly here. When I came to work here I just fell in love with the place."

So much so that she hates to be late for work. Co-workers still talk about the time Riley came to work in a evening gown. "I'd been in a wedding and didn't have time to change," she says. "When I got in the front door people started teasing me, and teased me until I cried."

Riley, now a medical supply technician, is still meticulous in her work. "You have to be very careful to see that things are done right so the patient won't get an infection. This is an important research center. Our department plays a big hand in things."

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Arnold Sperling came to the Clinical Center on April Fools' Day, 1961, to do exactly what he was doing when he retired 30 years later.

"I came here to establish a therapeutic recreation program for patients and their families," he says. "[Hospital officials] felt the need to provide patients with constructive leisure-time activities to help alleviate boredom." That was critical to investigations here because some patients found it difficult to stay on protocols and

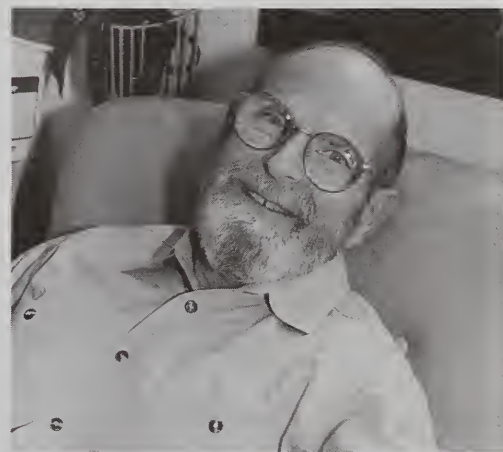
left out of sheer boredom, he explains.

"Working here was an honor and a pleasure," he says. "We always worked with the person, not the disease. That's what's so wonderful about this place. All the professionals approach the person first."

Earning a patient's trust is crucial. "You must be consistent," Sperling says. "If you decide to visit on Monday, Wednesday, and Friday, then you do it."

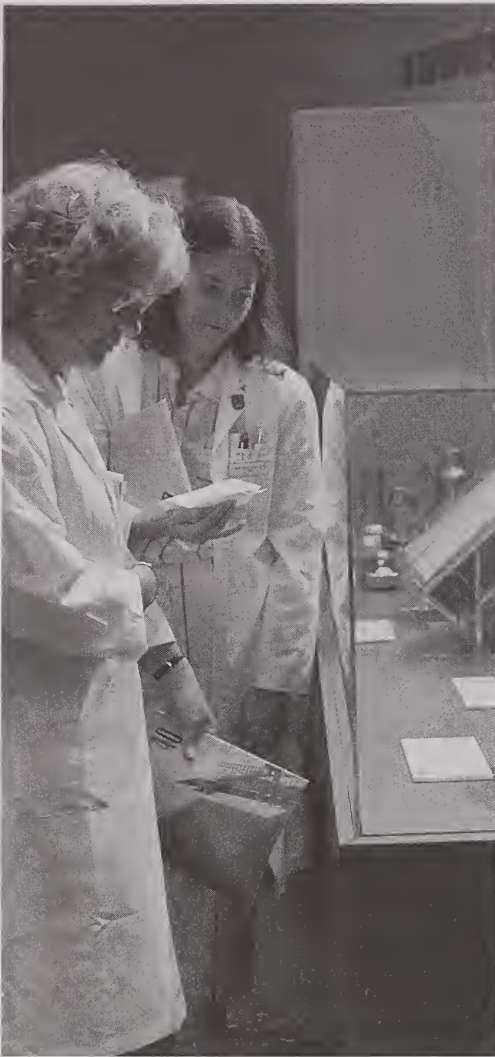
In the program's early days, patients visited recreation sites on the 14th floor. That changed, he says. As more and more patients were confined to their units, "we built up our staff to go work with the patient."

But the program's focus never changed. "Our creative minds went bonkers," he notes with a laugh. "Build it and they will come."



Arnold Sperling came to the Clinical Center in 1961 to establish a therapeutic recreation program.

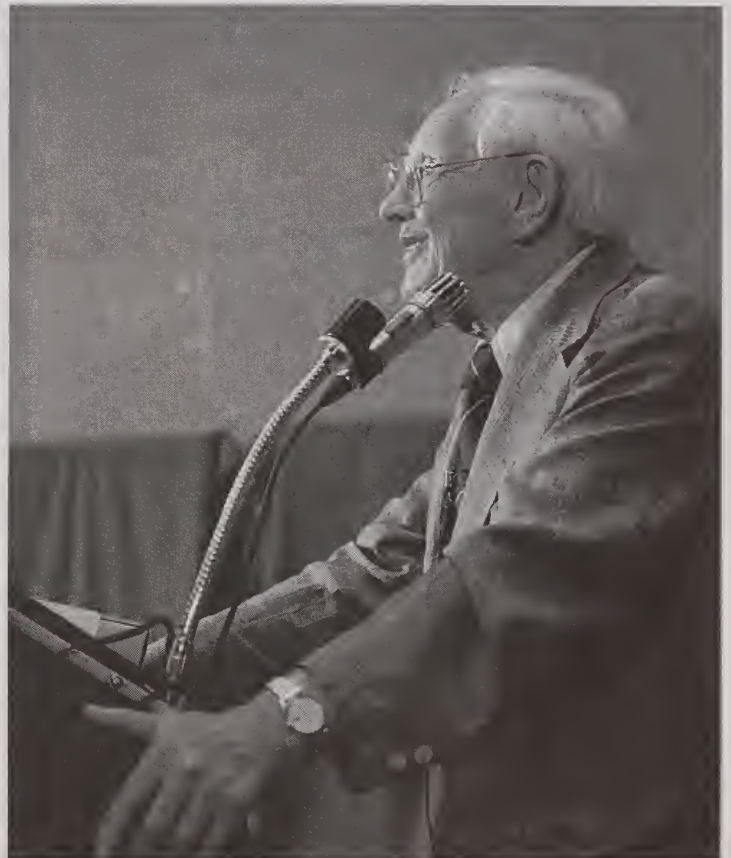
Exhibits, speakers, reunions highlight 40th celebrations



(Left) CC staffers and visitors had a chance to view an exhibit on the center's early years unveiled during 40th anniversary celebrations. (Above) Family members of former CC directors were on hand for the unveiling of specially commissioned portraits. With the portrait of the late Dr. Donald W. Patrick, director from 1954-1956, are Mrs. Mary Jo Patrick, his daughter-in-law, and grandchildren Dale and Karen.



Among special guests during the 40th anniversary reception in the visitor information center were Nobel Prize recipients (from left) Dr. D. Carleton Gajdusek, Dr. Marshall W. Nirenberg, and Dr. Christian B. Anfinsen.



Nobelist Dr. Julius Axelrod talks about his work to those attending the reception.

Drill tests responses to oxygen supply failure

The scenario: There's a drop in pressure in the medical oxygen system for your unit. You have four patients on oxygen. One is in critical condition. You don't know why the system failed, but remember that contractors are working with industrial solvents in a patient room.

That was the script of a drill to test emergency responses conducted by the hospital safety office. The drill offered employees a chance to see how the Clinical Center's various elements worked together in dealing with a critical utility failure.

They did a good job, says Dr. Michele Evans,

environmental safety officer. Participants simulated actions they'd take in a real emergency—assessing patients' needs, calling for help, clearing hallways, and notifying appropriate officials. Those responding included respiratory therapy, maintenance, fire safety officials, and administrators.

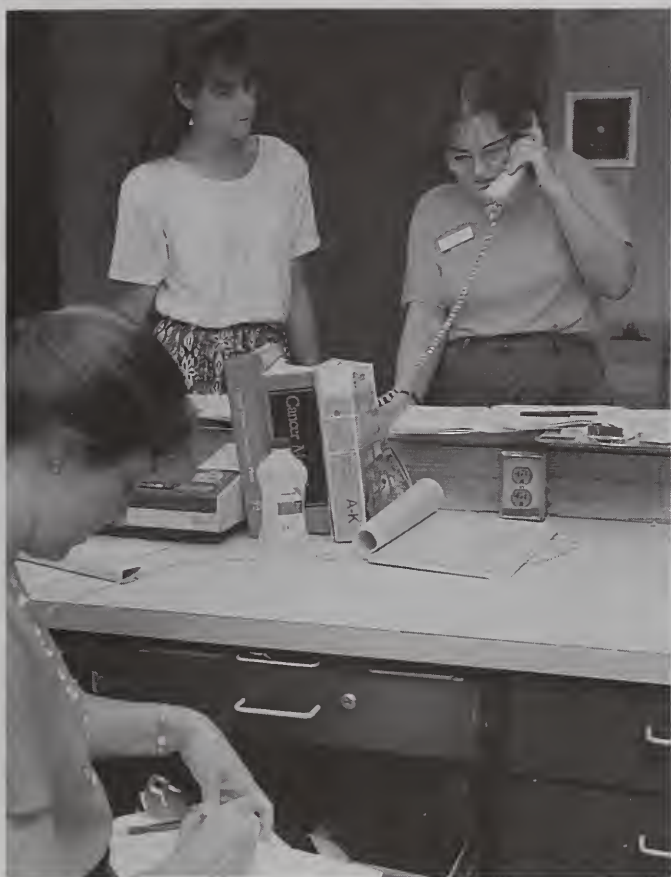
Training, Dr. Evans stresses, is the key to knowing how to deal with an emergency. Utility failures require immediate response by hospital staff to protect patients, she says, and special consideration is required because of ongoing renovations and the demands placed on the Clinical Center's 40-year-old infrastructure.

"Engineering's role is equally important. The crew needs to know how to troubleshoot all of the critical utilities. If they can't fix it on the spot, they still need to meet the needs of our patients. It's all part of working as a team with the hospital staff."

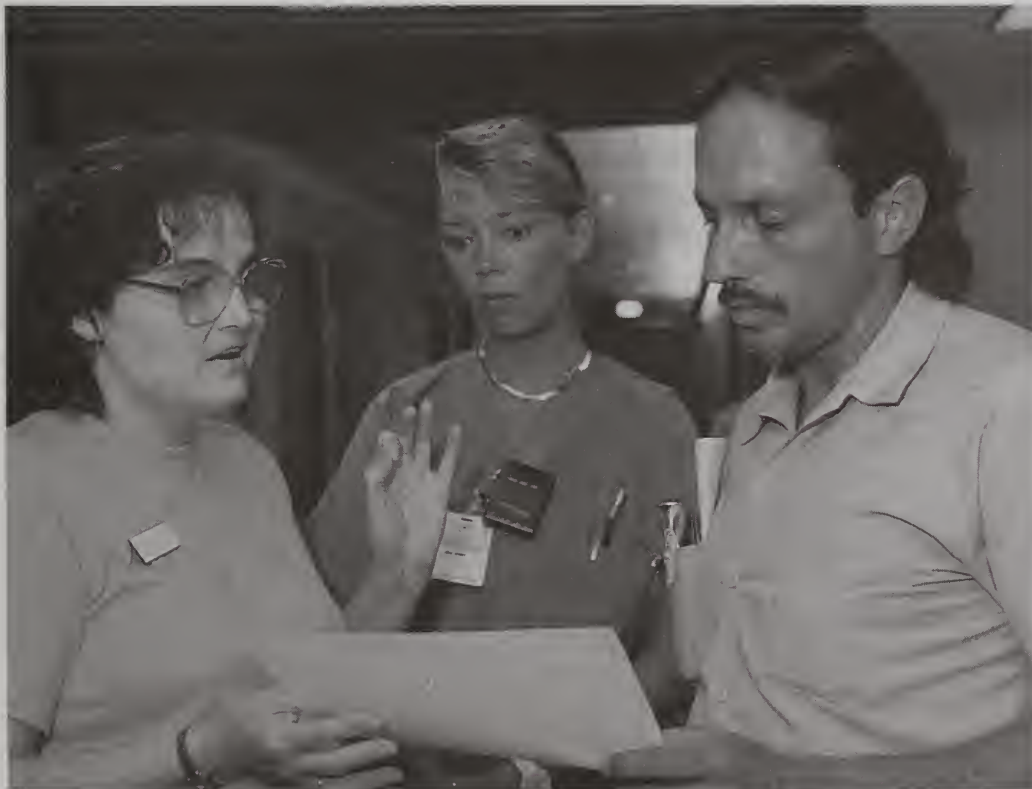
She offers these guidelines:

- Review CC emergency procedures before an incident happens. Call 496-5281 for copies of the Emergency Handbook and telephone stickers.

- Know who and how to call for help. Don't forget to notify the Outpatient Department's admissions section to mobilize hospital-wide resources. "OPD serves as the pipeline to administration, and [staff] are always on duty."



(Above) Nurses Suzanne Knubel (left) and Barbara Jessup respond to the drill's scenario, a failure of the medical oxygen supply. Calling for help is a first step. Observer Dr. Michele Evans, CC safety officer, notes their actions. (Right) Knubel checks on patients during the drill. Patients who were dependent on oxygen were placed on portable cylinders when the system failed.



Jessup (left) briefs emergency responders from respiratory therapy and maintenance. It's important to let those responding know immediately what's happening during an emergency. Designate one individual as spokesperson.

CC volunteer teaches anesthesiology in Zambia

There's a collective commitment to life's possibilities in the south-central African country of Zambia.

Dr. Thomas Macnamara, chief of the Clinical Center's anesthesia section, came to appreciate that commitment while in the country last spring for a 10-week teaching assignment sponsored by the American Society of Anesthesiologists. (See box at right.)

"The first week was an eye-opener, as was every day afterwards," he says. "Medical care is a casualty of the numbing poverty. Health expenditures for all purposes are approximately \$1 per person. That includes the cost of therapeutic, preventative, and rehabilitative care. Only about 10 percent of surgery can be performed because of lack of adequately trained personnel." There is one physician for every 22,000 residents.

Medical schools can't provide enough physicians to keep up with the growth of the population and the loss of physicians who emigrate, he explains.

In a country where the average



Dr. Thomas Macnamara, chief of the anesthesia section, spent 10 weeks teaching in Zambia. The University Teaching Hospital in Lusaka provided a cottage for program volunteers.

income is about \$30 a month, that migration isn't hard to understand.

That's the reality volunteers faced when taking their expertise as anesthesiologists into the operating rooms and lecture halls at the University Teaching Hospital in Zambia's capital, Lusaka.

"We use our abilities as anesthesiologists to do what they want," Dr. Macnamara says, "not the other way around." The program's central goal is to help students and health professionals learn more about the practice of anesthesia within the constraints of technology and supplies available in Africa—not the high-tech operating theaters of the world's largest hospitals.

Those constraints were daunting. "We never had enough of anything," notes Dr. Macnamara. "Drugs on the shelf were often out of date. Sometimes they work, sometimes not. People seem to accept these things."

Blood transfusions were as dangerous as the conditions they are prescribed to treat. Malaria and hepatitis are widespread. Malnutrition and infections are common. "AIDS is rampant in the

city. Every mother who delivered was in the high-risk age group [between 15 and 35] and had to be considered as HIV positive. Sixty percent of hospital admissions are HIV positive."

Surgical teams gather in the OR at about 7 in the morning. "The operating rooms consist of three—soon to be four—major suites." Patients arrive on wheeled stretchers. "There are no sides on the stretchers. The patients can fall off while they're sleeping," he says. "Money for equipment is nonexistent. Maintenance is difficult. All equipment is just old and worn out."

Surgery was constantly interrupted. "[There were] no masks, hats, linens. Sometimes the OR was closed due to lack of hot water, or steam for the sterilizer. Charts were relatively empty. Rarely was blood work done. You knew that patients were anemic and not in good shape." Staff estimated hemoglobin levels by checking patients' conjunctiva.

"One day we had no water, another day no soap. Another day no anesthesia masks. There was no oxygen on several occasions. The



The program emphasized clinical practice in the OR and classroom.

re-supply truck and backup truck both broke down, delaying the start of surgery."

Gloves are recycled. Suction tubing is reused. Endotracheal tubes were reused until the cuffs leaked. The daily OR schedule is a list scrawled in pencil on a scrap of carefully saved and reused paper. Since supplies are limited, everything—from soap to toilet paper—is kept locked up.

Dr. Macnamara's biggest surprise was being bitten by mosquitoes during surgery. "They come into the OR through holes in the roof."

But despite harsh conditions, the surgery is done well and the students are eager to learn, Dr. Macnamara says. "I could see improvement in the knowledge of the students. This was more marked in the student clinical officers who started their new positions as anesthesia clinical officers in district hospitals on July 1."

The three-story hospital itself comprises 1,800 beds and is spread over nearly three-quarters of a mile. Lush, groomed gardens grace the medical complex grounds. "The landscaping is excellent and is supervised by the wife of the country's president," Dr. Macnamara points out. "Landscaping is her special area of interest." The hospital depends on the help of other countries to keep its doors open, he notes. Japan has funded the pediatric ward. Ireland supports obstetrics. The United Kingdom supplements physician salaries. U.S. funds supplied corn during last year's drought.

Zambia, formerly the British protectorate known as Northern Rhodesia, became independent in 1964. English is widely spoken. The world's fourth largest producer of copper, Zambia experienced a short-lived economic boom when its plentiful supply of the mineral was in demand in the 1970s. As that market has dwindled, Dr. Macnamara explains, there has

been little money to keep up the maintenance of facilities built during the boom years.

Today Zambia is a country of garden plots. "People survive by cultivating the land," Dr. Macnamara says, "by growing bananas and oranges and sweet potatoes. A barter economy permits exchange of services in place of money."

The teaching hospital provides a cottage for the volunteers. Keeping up a supply of potable water proved a constant task for Dr. Macnamara and his wife. Water required boiling, not a quick task at an altitude of 4,000 feet above sea level. "We'd add fruit flavoring to make the water more palatable. We brought cooked cereal and usually used powdered milk. Because of the pollution we could not eat fresh vegetables, so everything was boiled as stew or soup," he explains. "This changed our diet quite markedly." Boiled water was necessary even for

rinsing dishes.

Not only was the water polluted, its quantity was limited as well. The water supply was shut off nightly about 8. A resounding boom in the pipes announced the water's arrival again each morning at 6.

Dr. Macnamara and his wife visited Victoria Falls and a game park while in Zambia. "I saw many antelopes, zebras, and monkeys, but no elephants, hippos, or crocodiles. The most interesting visit was a six-hour car ride to Chicuni, a Jesuit mission 200 miles from Lusaka, where we traversed the same path through the hills as the renowned Dr. David Livingstone."

Despite the shortages and shortfalls, Dr. Macnamara sees a lasting benefit from programs such as this volunteer teaching effort.

"I am better for having seen the problems in Zambia, the poverty, the good will, and the perseverance of the people."



Program emphasizes clinical practice

The American Society of Anesthesiologists (ASA) sponsors a program to help alleviate the shortfall of anesthesia professionals in Africa. Funding for ASA's Overseas Teaching Program is through the Foundation for Anesthesia Education and Research in Anesthesiology. The five-year program was begun in 1990. Volunteers serve one- to three-month stints in Zambia or Tanzania as teachers, emphasizing clinical practice in the operating room and lecture hall. The University Teaching Hospital (pictured above) in Lusaka, Zambia, was selected to receive the program's first volunteers. It was picked because it offered a large number of medical students, the strong support of hospital and medical school officials, and an anesthesia residency.

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that." Hanna was the nursing service chief on call over the holiday weekend.

"We were in the process of moving patients from 12-West, which was closing for renovations, to 12-East," adds Jean Jenkins, chief of the cancer nursing service. "The flurry of activity made it seem even warmer."

Practical approaches to keeping cool prevailed. "We kept the blinds pulled and the lights dimmed," she says, "common sense things to keep the temperature down. We didn't have to move any patients because of the heat and initiated no special patient-care interventions."

"We were concerned and watched the situation closely," says Dr. Joseph Pierce, Clinical Center veterinarian.

No aspect of animal care escaped the department's attention. Four guinea pigs who make their home in the 13th and 14th floor playrooms were transferred to a cooler, lower level for the duration.

Upper floors suffered the most effects of the heat. The Department of Rehabilitation Medicine relocated employees from the 14th floor until temperatures fell.

... awards

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exceptional support of clinical care and research.

Recipients of the Outstanding Service Medal were Kathryn McKeon, associate director for nursing; Dr. Frederick Ognibene, senior investigator and chief, pediatrics section, Critical Care Medicine Department; and Dr. Mark Howard Zweig, assistant chief, clinical chemistry service, Clinical Pathology Department.



Summer workers

Students in the summer aides program were welcomed last month by Ellen Williams (center), EEO specialist and program coordinator. "All program mentors have set up departmental training for their employees and have given the students guidance and direction," she says. "We must continue to make an investment in our young people. They are our future." With her are (from left) Irma Quintanilla, Ivy Chan, Salvatore Lombardi, Deloris Conley, Ana Chicas, and LaKisha Whitley. A graduation ceremony is planned for Aug. 20, 11 a.m., in the visitor information center.

august

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Grand Rounds

12 noon-1 p.m.
Lipsett Amphitheater
Psychobiology of Domestic Violence: Preliminary Observations, David T. George, M.D., NIAAA;
AIDS Update 1993, Anthony Fauci, M.D., NIAID.

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Grand Rounds

12 noon-1 p.m.
Lipsett Amphitheater
Glutamate Receptors and Synaptic Transmission, Mark Mayer, Ph.D., NICHD;
Unsound Methods of Cancer Treatment, Gregory Curt, M.D., NCI.

11

Grand Rounds

12 noon-1 p.m.
Lipsett Amphitheater
"Good" Cholesterol: Are Low Levels Always Bad?, Daniel Rader, M.D., NHLBI;
Childhood-Onset Schizophrenia, Judith Rapoport, M.D., NIMH.

25

Grand Rounds

12 noon-1 p.m.
Lipsett Amphitheater
Management of Metastatic Bone Disease, Alan Aaron, M.D., Georgetown University Hospital and Medical Center;

Molecular Biology Moves to the Bedside, *Closing in on the Gene for Familial Breast Cancer*, Francis Collins, M.D., Ph.D., NCHGR.